

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
 Governor of Indiana
Lindsay M. Hyer
 PLA Executive Director

Controlled Substance Registration Renewal Form

This form is to be used by Controlled Substance Registrations which meet 856 IAC 2-3-11 which allows the Board to waive registration and renewal fees for the following:

- any official or agency of the U.S. Army, Navy, Marine Corps, Air Force, Coast Guard, Veterans' Administration or Public Health Service who or which is authorized to procure or purchase controlled substances for official use; and
- any official, employee, or other civil officer of the United States, or any State, or any political subdivision or agency thereof, who or which is authorized to purchase controlled substances, to obtain such substances from official stocks, to dispense or administer such substances, to conduct research, instructional activities, or chemical analysis with such substances in the course of his or its official duties or employment.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee EXEMPT
Practice Address			
City		State	Zip Code
Phone Number		Email Address	
QUESTIONS			
1. Since last renewal, has there been an occasion where any agent of your facility has not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?			Yes No
2. Since last renewal, has there been an occasion where any agent of your facility has not been in complete compliance with all state and local laws pertaining to controlled substances?			Yes No
3. Since last renewal, have any agents of your facility been convicted, pled guilty, or pled <i>nolo contendere</i> , under any federal or state laws relating to any controlled substances that has <i>not</i> been expunged under IC 35-38-9?			Yes No
4. Since last renewal, has your facility had any action, discipline, revocation, or surrender of your Drug Enforcement Administration (DEA) Registration or entered into any settlement or Memorandum of Understanding with respect to said registration?			Yes No
5. Since last renewal, has your facility had any action, discipline, revocation, or surrender of any professional license in any jurisdiction related to controlled substances?			Yes No
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that, as a representative of this facility, I have read, reviewed, and understand the Indiana Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Fee Exempt Facilities: If you are a fee exempt facility, you need to complete this renewal application in full, write "fee exempt" at the top of the form, and e-mail it to our office at renewal4@pla.in.gov.

Visit www.pla.in.gov for additional information regarding your license.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date